

PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum) B 3270 PCT

## Box No. I TITLE OF INVENTION

Novel means and methods for the preparation and activation of nucleoside and nucleotide based drugs

## Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Max-Planck-Gesellschaft zur  
Förderung der Wissenschaften  
Berlin  
DE

☐ This person is also inventor.

Telephone No.

Facsimile No.

Teleprinter No.

State (that is, country) of nationality:  
DE

State (that is, country) of residence:  
DE

This person is applicant for the purposes of: ☐ all designated States ☒ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

## Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

GOODY, Roger S.  
Harnackstr. 61b  
44139 Dortmund  
DE

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:  
GB

State (that is, country) of residence:  
DE

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

## Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent ☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

VOSSIUS & PARTNER  
Postfach 86 07 67  
81634 München  
DE

Telephone No.

(089) 41 30 40

Facsimile No.

(089) 41 30 41 11

Teleprinter No.

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
<i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>	
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p> <p>KONRAD, Manfred Zur Scharfmühle 74 37083 Göttingen DE</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p>
State (that is, country) of nationality: DE	State (that is, country) of residence: DE
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p> <p>LAVIE, Arnon Harnackstr. 61 44139 Dortmund DE</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p>
State (that is, country) of nationality: DE/IL	State (that is, country) of residence: DE
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p> <p>REINSTEIN, Jochen Plauener Str. 54 44139 Dortmund DE</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p>
State (that is, country) of nationality: DE	State (that is, country) of residence: DE
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p> <p>SCHLICHTING, Ilme Redtenbacher Str. 30 44139 Dortmund DE</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p>
State (that is, country) of nationality: DE	State (that is, country) of residence: DE
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p><input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.</p>	

**Box No.V DESIGNATION OF STATES**

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

**Regional Patent**

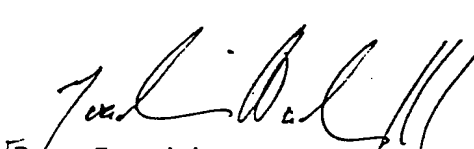
- ☐ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SZ Swaziland, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☐ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ EP European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☐ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

**National Patent (if other kind of protection or treatment desired, specify on dotted line):**

- |   |   |
|---|---|
| <input type="checkbox"/> AL Albania                               | <input type="checkbox"/> LS Lesotho                                   |
| <input type="checkbox"/> AM Armenia                               | <input type="checkbox"/> LT Lithuania                                 |
| <input type="checkbox"/> AT Austria                               | <input type="checkbox"/> LU Luxembourg                                |
| <input type="checkbox"/> AU Australia                             | <input type="checkbox"/> LV Latvia                                    |
| <input type="checkbox"/> AZ Azerbaijan                            | <input type="checkbox"/> MD Republic of Moldova                       |
| <input type="checkbox"/> BA Bosnia and Herzegovina                | <input type="checkbox"/> MG Madagascar                                |
| <input type="checkbox"/> BB Barbados                              | <input type="checkbox"/> MK The former Yugoslav Republic of Macedonia |
| <input type="checkbox"/> BG Bulgaria                              |   |
| <input type="checkbox"/> BR Brazil                                | <input type="checkbox"/> MN Mongolia                                  |
| <input type="checkbox"/> BY Belarus                               | <input type="checkbox"/> MW Malawi                                    |
| <input checked="" type="checkbox"/> CA Canada                     | <input type="checkbox"/> MX Mexico                                    |
| <input type="checkbox"/> CH and LI Switzerland and Liechtenstein  | <input type="checkbox"/> NO Norway                                    |
| <input type="checkbox"/> CN China                                 | <input type="checkbox"/> NZ New Zealand                               |
| <input type="checkbox"/> CU Cuba                                  | <input type="checkbox"/> PE Poland                                    |
| <input type="checkbox"/> CZ Czech Republic                        | <input type="checkbox"/> PT Portugal                                  |
| <input type="checkbox"/> DE Germany                               | <input type="checkbox"/> RO Romania                                   |
| <input type="checkbox"/> DK Denmark                               | <input type="checkbox"/> RU Russian Federation                        |
| <input type="checkbox"/> EE Estonia                               | <input type="checkbox"/> SD Sudan                                     |
| <input type="checkbox"/> ES Spain                                 | <input type="checkbox"/> SE Sweden                                    |
| <input type="checkbox"/> FI Finland                               | <input type="checkbox"/> SG Singapore                                 |
| <input type="checkbox"/> GB United Kingdom                        | <input type="checkbox"/> SI Slovenia                                  |
| <input type="checkbox"/> GE Georgia                               | <input type="checkbox"/> SK Slovakia                                  |
| <input type="checkbox"/> GH Ghana                                 | <input type="checkbox"/> SL Sierra Leone                              |
| <input type="checkbox"/> GM Gambia                                | <input type="checkbox"/> TJ Tajikistan                                |
| <input type="checkbox"/> GW Guinea-Bissau                         | <input type="checkbox"/> TM Turkmenistan                              |
| <input type="checkbox"/> HR Croatia                               | <input type="checkbox"/> TR Turkey                                    |
| <input type="checkbox"/> HU Hungary                               | <input type="checkbox"/> TT Trinidad and Tobago                       |
| <input type="checkbox"/> ID Indonesia                             | <input type="checkbox"/> UA Ukraine                                   |
| <input type="checkbox"/> IL Israel                                | <input type="checkbox"/> UG Uganda                                    |
| <input type="checkbox"/> IS Iceland                               | <input checked="" type="checkbox"/> US United States of America       |
| <input checked="" type="checkbox"/> JP Japan                      |   |
| <input type="checkbox"/> KE Kenya                                 | <input type="checkbox"/> UZ Uzbekistan                                |
| <input type="checkbox"/> KG Kyrgyzstan                            | <input type="checkbox"/> VN Viet Nam                                  |
| <input type="checkbox"/> KP Democratic People's Republic of Korea | <input type="checkbox"/> YU Yugoslavia                                |
|   | <input type="checkbox"/> ZW Zimbabwe                                  |
| <input type="checkbox"/> KR Republic of Korea                     |   |
| <input type="checkbox"/> KZ Kazakhstan                            |   |
| <input type="checkbox"/> LC Saint Lucia                           |   |
| <input type="checkbox"/> LK Sri Lanka                             |   |
| <input type="checkbox"/> LR Liberia                               |   |

Check-boxes reserved for designating States (for the purposes of a national patent) which have become party to the PCT after issuance of this sheet:

**Precautionary Designation Statement:** In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

<b>Box No. VI PRIORITY CLAIM</b>		<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box.		
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application: regional Office	international application: receiving Office
item (1) (13/02/98) 13 February 1998	98102546.3		EP	
item (2)				
item (3)				
<input checked="" type="checkbox"/> The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): (1)				
<i>* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.</i>				
<b>Box No. VII INTERNATIONAL SEARCHING AUTHORITY</b>				
<b>Choice of International Searching Authority (ISA)</b> <i>If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used.</i>		<b>Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):</b> Date (day/month/year)      Number      Country (or regional Office)		
ISA / EP				
<b>Box No. VIII CHECK LIST: LANGUAGE OF FILING</b>				
This international application contains the following number of sheets: request : 4 description (excluding sequence listing part) : 52 claims : 7 abstract : 1 drawings : 7 sequence listing part of description : 15 Total number of sheets : 86		This international application is accompanied by the item(s) marked below: 1. <input type="checkbox"/> fee calculation sheet 2. <input type="checkbox"/> separate signed power of attorney 3. <input type="checkbox"/> copy of general power of attorney; reference number, if any: 4. <input type="checkbox"/> statement explaining lack of signature 5. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): 6. <input type="checkbox"/> translation of international application into (language): 7. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material 8. <input checked="" type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form 9. <input type="checkbox"/> other (specify):		
Figure of the drawings which should accompany the abstract:		Language of filing of the international application: English		
<b>Box No. IX SIGNATURE OF APPLICANT OR AGENT</b>				
<i>Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).</i> Munich, February 12, 1999      Wa/PST/ivj				
 Dr. Joachim Wachenfeld European Patent Attorney				
For receiving Office use only				
1. Date of actual receipt of the purported international application:		2. Drawings:		
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:		<input type="checkbox"/> received:		
4. Date of timely receipt of the required corrections under PCT Article 11(2):		<input type="checkbox"/> not received:		
5. International Searching Authority (if two or more are competent): ISA /		6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid.		
For International Bureau use only				
Date of receipt of the record copy by the International Bureau:				

# PCT

## FEE CALCULATION SHEET Annex to the Request

For receiving Office use only

International application No.

Date stamp of the receiving Office

Applicant's or agent's  
file reference

B 3270 PCT

Applicant

Max-Planck-Gesellschaft zur Förderung der Wissen-  
schaften et al.

### CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE . . . . . DEM 200.00 T

2. SEARCH FEE . . . . . DEM 2,200.00 S

International search to be carried out by EP  
(If two or more International Searching Authorities are competent in relation to the international  
application, indicate the name of the Authority which is chosen to carry out the international search.)

#### Basic Fee

The international application contains 86 sheets.

first 30 sheets . . . . . DEM 800.00 b1

56 x 19 = DEM 1,064.00 b2  
remaining sheets additional amount

Add amounts entered at b1 and b2 and enter total at B . . . . . DEM 1,864.00 B

#### Designation Fees

The international application contains 4 designations.

4 x 184 = DEM 736.00 D  
number of designation fees amount of designation fee  
payable (maximum 11)

Add amounts entered at B and D and enter total at I . . . . . DEM 2,600.00 I

(Applicants from certain States are entitled to a reduction of 75% of the  
international fee. Where the applicant is (or all applicants are) so entitled, the  
total to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) . . . . . DEM 60.00 P

5. TOTAL FEES PAYABLE . . . . . DEM 5,060.00

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

☐ The designation fees are not paid at this time.

### MODE OF PAYMENT

☒ authorization to charge  
deposit account (see below)

☐ bank draft

☐ coupons

☐ cheque

☐ cash

☐ other (specify):

☐ postal money order

☐ revenue stamps

### DEPOSIT ACCOUNT AUTHORIZATION (this mode of payment may not be available at all receiving Offices)

The RO/ EP ☒ is hereby authorized to charge the total fees indicated above to my deposit account.

☒ is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my  
deposit account.

☒ is hereby authorized to charge the fee for preparation and transmittal of the priority document to the International  
Bureau of WIPO to my deposit account.

2800.0321

March 12, 1999

Deposit Account No.

Date (day/month/year)

Dr. Joachim Wachenfeld

Signature European Patent Attorney